

NEEDS ASSESSMENT SURVEY FINDINGS FORM

Planning Area: Panhandle [LOMA] **HMAZ/LMAZ Area:** All Panhandle
BDTP: F/MS **SUBPOPULATION:** Women (1,12)

	# of surveys completed: 153	
	Information from needs assessment surveys	Assessment
Risk Behaviors (13,15,16, 22,24,25, 26,27,28,29 30,33)	<ul style="list-style-type: none"> 33% reported two or more partners in the past year; 13% reported more than 3 partners in the past year. 1% of the respondents indicated they had a sex partners in the past year who have HIV. 10% of F/MS women indicated they knew if at least one of their sex partners in the past year had an STD. 17% say they had been treated for an STD in the past year, and 6% have been treated multiple times for an STD in the past year. 10% reported engaging in anal sex. Of those engaging in anal sex, 83% reported never using a condom for anal sex. 80% almost never use a condom for oral sex. 47% almost never use a condom for vaginal sex. The locations indicated by F/MS women where they engaged in risky behaviors were: home [5%]¹, someone else's home [1%], bars [1%], work [1%]. The top things F/MS women said they do to keep from getting HIV are (in order): only have sex with one partner [48%]¹, don't inject drugs [44%], don't abuse drugs or alcohol [31%], sometimes use a condom [28%], and abstinence [24%]. Survey respondents indicated a similar pattern of responses for protection against STDs. 	<ul style="list-style-type: none"> A low proportion of the respondents reported they have engaged in sex with multiple partners. The number one method respondents indicated for reducing their risk was being in a monogamous relationship. There is a low prevalence of HIV and moderate prevalence of STDs in the population based on the morbidity profile for this area. The 2000 Epidemic Profile should be consulted for additional differences between racial/ethnic sub-populations for this behavioral classification. Reported condom use for oral and vaginal sex is similar to that reported in the risk profile. Condom use for anal is lower than reported in the risk profile. F/MS women indicated they engaged in risky behaviors at both public and private locations. This should be taken into account when trying to reach this population.

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*Denotes the factors that influence behaviors (FIBs). See Tab 8 TDH Insert, Selecting and Prioritizing Interventions for a more detailed description.

¹ The bracketed number [x] indicates the proportion of respondents indicating that location (may add up to more than 100%).

² Information collected from the Counseling and Testing System for HIV positives, 1999-2000.

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*Knowledge (9,11)	<p>Among F/MS women:</p> <ul style="list-style-type: none"> 90% indicated that anal sex without a condom may increase a person's chance of getting HIV, 84% for getting STDs other than HIV. 80% and 91% indicated that oral and vaginal sex without a condom, respectively, may increase a person's chance of getting HIV and 80% and 86%, respectively, for getting STDs other than HIV. 90% indicated that sex-trade work may increase a person's chance of getting HIV, and 82% for getting STDs other than HIV. 90% indicated that unprotected sex under the influence may increase a person's chance of getting HIV and 86% for getting STDs other than HIV. 90% indicated sex with more than one partner may increase a person's chance of getting HIV and 83% for getting STDs other than HIV. 93% indicated that injecting drugs and sharing works may increase a person's chance of getting HIV, 69% for getting STDs other than HIV. 90% indicated that having sex with women may increase a person's chance of getting HIV and 84% for getting STDs other than HIV. 86% indicated that engaging in sex with a woman who has engaged in risky behaviors may increase a person's chance of getting HIV and 80% for getting STDs other than HIV. 75% indicated that blood transfusions may increase a person's chance of getting HIV, 35% for getting STDs other than HIV. 85% indicated that needle sticks may increase a person's chance of getting HIV, 46% for getting STDs other than HIV. 92% indicated that a being born to a mother with HIV may increase a person's chance of getting HIV and 72% for getting STDs other than HIV. 	<ul style="list-style-type: none"> Between 80 and 90% of the respondents showed good knowledge of HIV and STD transmission routes. The responses for STD transmission routes are lower than observed in HIV responses.
*Attitudes & beliefs (10,32,34)	<ul style="list-style-type: none"> On average, F/MS women indicated they were between agreeing and strongly agreeing that a person should tell their sex partner(s) if they have HIV or an STD whether using condoms or not. The top reasons F/MS women indicated they had sex without a condom are (in order): they trust their partner [42%]¹, they were drunk or high [14%], don't like condoms [14%], partner refused to use condoms [10%], in a monogamous relationship [10%], 	<ul style="list-style-type: none"> Primary barriers to condom use were partnership issues such as trust, monogamous relationship and refusal from partners, condoms not being available, and not liking condoms. Considering the morbidity rates in this community, and

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	<p>condoms were not available [8%].</p> <ul style="list-style-type: none"> 54% indicated they were not likely to get HIV. 55% indicated they were not likely to get an STD. 	the risk activities, the personal perception of risk may be appropriate.
*Current communication skills (14)	<ul style="list-style-type: none"> 83% of the F/MS women who responded indicated they have talked about getting HIV with at least some of their partners. 73% of the F/MS women who responded indicated they have talked about getting an STD other than HIV with at least some of their partners. 	<ul style="list-style-type: none"> Approximately three-quarters of the F/MS women indicated they have discussed risks for an STD or HIV with their partner. This suggests communication is occurring between F/MS women and their partners in this area. It should be noted that just because they are discussing risks, that the communication is not necessarily effective.
*Social/peer support (17)	<p>When asked who they would tell if they had contracted HIV or an STD other than HIV, the following proportions of F/MS women indicated they would tell:</p> <ul style="list-style-type: none"> Their family; 96% for HIV, 60% for an STD. Their current partner(s); 93% for HIV, 85% for an STD. Their past partner(s); 98% for HIV, 79% for an STD. Their friends; 91% for HIV, 62% for an STD. 	<ul style="list-style-type: none"> The majority of the respondents reported they would be comfortable telling family, friends and partners if they contracted HIV. The responses for STDs were lower than for HIV, particularly for family and friends.
Testing history/need for testing (18-23)	<ul style="list-style-type: none"> 52% of survey respondents indicated they have tested in the past year. Of those who were tested, they tested an average of 1.5 times per year. The top reasons F/MS women indicated they have tested are (in order): part of routine care [25%]¹, had sex without using a condom [14%], and pregnancy [9%]. The reasons F/MS women indicated they have not tested were (in order): don't think they are at risk [14%]¹, and not sexually active [8%]. 2.6% of those surveyed indicated they have tested positive for HIV. 45% of the respondents tested for an STD other than HIV in the past year. Of those testing, they tested an average of 1.7 times a year. 38% of F/MS women who have tested for an STD in the past year indicated they have tested positive for an STD. 36% of respondents treated for an STD in the past year indicated they have been treated for multiple times in the past year. 	<ul style="list-style-type: none"> Testing proportions for these respondents is moderate with 52% of this group testing each year. Those who test, do so an average of 1.5 times a year, about one tests for every three partners reported last year. Emphasis should be placed on getting those who don't test and engage in risky activities to test regularly and overcoming the barriers to their testing. 29% of respondents indicated HIV testing as a preventive behavior, part of routine care and just to find out. A high proportion of the respondents indicated they were tested for an STD in the past year. The frequency of

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	<ul style="list-style-type: none"> The top reasons cited for not testing for an STD were (in order): do not think they are at risk [24%]¹, and not sexually active [12%]. 14% of respondents indicated they have tested for Hepatitis A in the past year, 20% for Hepatitis B, 20% for Hepatitis C, and 42% tested for Tuberculosis. 22% of respondents who didn't test indicated they did not test because they did not believe they were at risk for those diseases and 20% indicated they had no symptoms. 	<p>testing (1.7 times a year for those who tested) is just under the average number of partners reported in the past year, 2.2.</p> <ul style="list-style-type: none"> Between 15 and 40% of respondents indicated they have been tested for other diseases in the past year.
Prevention services currently accessed (19,21) Note: For testing, community-based organizations and corrections were not provided as a response option.	<ul style="list-style-type: none"> The top locations F/MS women go for an HIV test are (in order): doctor's office [16%]¹, other public clinic [12%], family planning clinic [10%], corrections [10%], public STD clinic [10%], hospital [6%], and community-based organizations [6%]. The top locations F/MS women go for an STD test are (in order): doctor's office [17%]¹, other public clinic [10%], corrections [6%], and family planning clinic [6%]. 20% of respondents indicated barriers in their community to seeking prevention services. The barriers mentioned were: they don't know where to go for programs or services [6%]¹, community is too small [6%], the programs or services they need are not offered [6%], don't have HIV or STD prevention program in their community [5%], family or friends might find out [5%], and that the programs or clinics are too crowded or the wait is too long [5%]. The top locations where F/MS women have gotten HIV and STD information are (in order): health care providers [24%]¹, public health clinics [21%], community-based organizations [20%], other health clinics [18%], and counseling and testing centers [17%]. The top locations where F/MS women have gotten information on HIV and STDs that has helped them are (in order): health care providers [26%]¹, public health clinics [22%], community-based organizations [20%], other health clinics [19%], and counseling and testing centers [17%]. 	<ul style="list-style-type: none"> The primary source for HIV testing is through private providers but many seek testing through publicly funded care providers, corrections, and family planning clinics. 20% of respondents indicated barriers to accessing HIV and STD prevention services. Waiting time and crowded conditions at clinics, confidentiality, and lack of programs or services were cited as a barrier to accessing services. The primary source of HIV and STD information and useful information reported by the survey respondents was primarily through public funded clinics, private providers, and community-based organizations.
Prevention needs (35-39)	<ul style="list-style-type: none"> For those indicating they wanted to know more to help protect them from acquiring HIV, the following activities were requested (in order): basic information on HIV/STDs [42%]¹, how to talk with partners about using condoms [29%], how to have 	<ul style="list-style-type: none"> Basic information on HIV/STDs, how to have safe sex, and communication skills training lead the activities wanted by F/MS women as

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	<p>safe sex [27%], and how to use condoms [17%], drug abuse counseling and treatment [12%].</p> <ul style="list-style-type: none"> • Primary locations where F/MS women indicated they would get information on HIV and STDs in the future are (in order): health care providers [68%]¹, community-based organizations [63%], counseling and testing centers [61%], public health clinics [61%], and drug treatment centers [61%]. • Primary locations where F/MS women indicated they would NEVER get information on HIV or STDs in the future are (in order): bars [49%]¹, bath houses [46%], church [41%], work [33%], and shelters [28%]. 	<p>needed services.</p> <ul style="list-style-type: none"> • The primary locations where F/MS women indicated they would go to get HIV and STD information are community-based organizations, public clinics, private providers, and drug treatment centers. • The primary locations where F/MS women would never seek HIV or STD prevention messages are bars, bathhouses, work, church, and shelters.

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Specific Information about HIV⁺ from HIV⁺ risk profiles	<p>Statewide for all HIV positive F/MS women²:</p> <ul style="list-style-type: none"> • 54% of F/MS women HIV positive individuals indicated they never used a condom for anal sex, 43% for vaginal sex, and 67% for oral sex. • 19% indicated an STD diagnosis in the past year. • 37% indicated more than 1 sex partner in the past year. • 13% indicated selling sex and 2% bought sex in the past year. • 61% indicated substance use with sex in the past year. • 52% indicated their partners were at risk, and 34% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [39%]¹, cocaine [31%], and marijuana [25%]. <p>For all HIV positive F/MS women in the Panhandle [LOMA] CPG Area²:</p> <ul style="list-style-type: none"> • 67% of HIV positive F/MS women almost never used a condom for anal sex in the past year. 72% indicated never using a condom for vaginal sex and 77% of these women reported never using a condom for oral sex. • 9% indicated an STD diagnosis in the past year. • 36% indicated they had more than 1 partner in the past year. • 9% of HIV positive F/MS woman in LOMA indicated selling sex in the past year. • 64% indicated substance use with sex in the past year. • 64% indicated their partner was at risk, and 36% indicated their partners had multiple partners. • The top drugs used during sex were: alcohol [46%]¹, marijuana [32%], and cocaine [23%]. 	<ul style="list-style-type: none"> • The proportion of F/MS women positives reporting using a condom for oral and vaginal sex is similar to that reported in the needs assessment. The respondents to the needs assessment report a lower condom use for anal sex than HIV positives. • The proportion of HIV positives with a recent STD diagnosis is significant, approximately one to two in ten having an STD in the past year. This is particularly troublesome considering approximately 40% indicated multiple sex partners in the past year and 10% involved in sex trade in the past year. • Half to two-thirds of HIV positive F/MS women indicated their partner was at risk. • The drugs of choice for HIV positives are alcohol, cocaine, and marijuana.
Other		

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